

**Commonwealth of Kentucky  
Kentucky State Board for Proprietary Education  
PO Box 1360  
Frankfort, Kentucky 40602  
502/564-3296, ext. 239**

**LICENSE RENEWAL APPLICATION  
NON-RESIDENT SCHOOL**

Please indicate any change in the school address below:

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1. Mailing Address: \_\_\_\_\_
  2. Name(s) of Owner(s): \_\_\_\_\_  
\_\_\_\_\_
  3. Name of Chief School Administrator: \_\_\_\_\_
  4. Has ownership changed since previous application? \_\_\_\_ Yes \_\_\_\_ No If yes, give details on separate attachment.
  5. Present enrollment: \_\_\_\_\_ Total enrollment during year (include present enrollment): \_\_\_\_\_  
Number graduating during year: \_\_\_\_\_
  6. Present instructional staff: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
  7. List courses submitted for Board approval. List title of course(s) as will appear on the school's Certificate of Licensure. (Attach separate sheet if necessary.)

Name of Course	Type of Program (Certificate/Diploma)	Estimated Time to Complete	Length of Program	Hrs/Wks/Credit Hours
1.				
2.				
3.				
4.				
5.				

List **all** Federal and/or State Financial Aid programs offered by the school:

Name/Title \_\_\_\_\_ Type \_\_\_\_\_

Name/Title \_\_\_\_\_ Type \_\_\_\_\_

Name/Title \_\_\_\_\_ Type \_\_\_\_\_

8. The following items **must** be attached as part of this application:

- A. **Copy** of current school catalog, certified as being true and correct in content and policy.
- B. **Copy** of student contract or agreement form, including school refund policy.
- C. **Copy** of current evidence of compliance with appropriate fire, safety, and health codes.
- D. **Original** Proprietary School Bond or Continuation Certificate for surety bond # \_\_\_\_\_.
- E. Completed School Personnel Form for each instructor.
- F. \$900 annual renewal license by check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.**

9. I certify that all information given is true and correct to the best of my knowledge and that all School Personnel meet the minimum requirements as set forth in KRS 165A.370:

\_\_\_\_\_  
(Signature of Authorized School Official)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Date)

**This form must be completed in its entirety and submitted to the board office with the annual license renewal fee. All fees must be paid by check or money order made payable to the KENTUCKY STATE TREASURER. DO NOT SEND CASH.**